MS Amendment Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-14 Transmitted herewith is The fee has been calcu	CASTING San americated and lated and lated and lated and later an	ndment in the d is transmitte CLAIM Highest Number Previously Paid	above-identii	pelow.	· ! _	-0352PU\$1 Art Unit 1791
Applicant(s): Tokuo TS Invention: PART FOR C MS Amendment Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-14: Transmitted herewith is The fee has been calculated CC Ren A Ame	CASTING San americated and lated and lated and lated and later an	ndment in the d is transmitter CLAIM Highest Number Previously Paid	above-identiid as shown b	fied application. below.		1/91
MS Amendment Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-14 Transmitted herewith is The fee has been calcu	casting s an americal and anims nathing After andment 10	ndment in the d is transmitte CLAIM Highest Number Previously Paid	d as shown b	pelow.		
MS Amendment Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-14 Transmitted herewith is The fee has been calcu	s an amei alated and laims naining After endment	ndment in the d is transmitte CLAIM Highest Number Previously Paid	d as shown b	pelow.		
Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-14: Transmitted herewith is The fee has been calcu Commissioner for Patent Patent Commissioner for Patent Commissioner for Patent Patent Commissioner for Patent Patent Patent Patent Commissioner for Patent Pa	s an ame alated and laims naining After andment	d is transmitter CLAIM Highest Number Previously Paid	d as shown b	pelow.		
The fee has been calculated a Communication	lated and laims naining After endment 10	d is transmitter CLAIM Highest Number Previously Paid	d as shown b	pelow.		
Ren Ame	naining After endment	Highest Number Previously Paid	Number	DED		
Ren Ame	naining After endment	Number Previously Paid				
			Present	Rate		
Independent		- 20 =	0	x 50.00		0.00
Claims	1	- 3 =	0	x 210.00		0.00
TOTAL ADDITIONAL X Large Entity X No additional fee is Please charge Deplease Copy of A check in the amount of the Additional Copy of the Copy	FEE FC s required posit According this she card. For reby auth w. A dup erpayment ditional filit 20 40 0 0 32,881 KOLASCH	ount No. eet is enclosed orm PTO-2038 orized to charglicate copy of the	ndment. is enclo is attached. ge and credit this sheet is e	: Deposit Account N	o02	